

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18151

BIRTH NO.		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4167</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity</u>		<u>2320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Theodore</u>		a. (First)		b. (Middle) <u>Nahum</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 19 55</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>3-8-1873</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Newell</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Moore</u> ADDRESS <u>Amity Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS! Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>15 yrs?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 1950</u> , to <u>May 19, 1955</u> , that I last saw the deceased alive on <u>May 19, 1955</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. C. Harold</u>				23b. ADDRESS <u>Maysville Mo</u>		23c. DATE SIGNED <u>5/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo.</u>	
DATE REC'D BY LOCAL REG <u>6-10-55</u>		REGISTRAR'S SIGNATURE <u>Roscoe W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John ...</u>		ADDRESS <u>Maysville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.